

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015874

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 145

Primary Registration District No. 5566

Registrar's No. 15

STATE FILE NUMBER

FILED APR 16 1963

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dent township		c. CITY OR TOWN Goodland	
Length of stay in 1b life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2</u> Mi. N. of East End		d. STREET ADDRESS (If outside, give location) 1/2 mile north of East End	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle RILEY Last HEDRICK		4. DATE OF DEATH Month April Day 9 , Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/4/1880
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY timber	
11. BIRTHPLACE (City and state or country) Iron county, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joe Hedrick		13b. MOTHER'S MAIDEN NAME Sarah Miller	
14. NAME OF HUSBAND OR WIFE Mary Bell Miner Hedrick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO.		17. INFORMANT Elmer F. Hedrick, Goodland, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Interval between onset and death few hours DUE TO (b) Myocarditis DUE TO (c) ? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) generalized arterio-sclerosis	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Goodland, Missouri		COUNTY STATE	
21. I attended the deceased from 3-30-63 to 4-9-63 and last saw her alive on 3-30-63 Death occurred at 2.15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>R. E. Harland</i> (Degree or title) 22b. ADDRESS Ironton, Missouri 22c. DATE SIGNED 4-10-63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/12/1963	
23c. NAME OF CEMETERY OR CREMATORY Upper Indian Creek Cem.		23d. LOCATION (City, town, or county) Goodland, Missouri	
24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo. <i>Lytle H. White</i>		25. DATE RECD. BY LOCAL REG. April 13-1963	
26. REGISTRAR'S SIGNATURE <i>Mrs Elizabeth Logan</i>			

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.